

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED JOSEPH AVERSA			VOUCHER NUMBER																	
3. MAG. DKT./DEF. NUMBER 12-2547-9	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																	
7. IN CASE/MATTER OF (Case Name) US v. JOSEPH AVERSA	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC																		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21: 841 - CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE																					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS JOSHUA L. MARKOWITZ MARKOWITZ GRAVELLE, LLP 3131 PRINCETON PIKE, BLDG 3D LAWRENCEVILLE, NJ 08648 Telephone Number: _____		13. COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <i>J. S. Agresti</i> Signature of Presiding Judicial Officer or By Order of the Court 6/27/2012 Date of Order Nunc Pro Tunc Date																			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)		Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																			
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY																		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT																
15. In		<table border="1"> <tr><td>a. Arraignment and/or Plea</td><td></td></tr> <tr><td>b. Bail and Detention Hearings</td><td></td></tr> <tr><td>c. Motion Hearings</td><td></td></tr> <tr><td>d. Trial</td><td></td></tr> <tr><td>e. Sentencing Hearings</td><td></td></tr> <tr><td>f. Revocation Hearings</td><td></td></tr> <tr><td>g. Appeals Court</td><td></td></tr> <tr><td>h. Other (Specify on additional sheets)</td><td></td></tr> </table> <p>(RATE PER HOUR = \$) TOTALS:</p>				a. Arraignment and/or Plea		b. Bail and Detention Hearings		c. Motion Hearings		d. Trial		e. Sentencing Hearings		f. Revocation Hearings		g. Appeals Court		h. Other (Specify on additional sheets)	
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18.																					
GRAND TOTALS (CLAIMED AND ADJUSTED):																					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____			_____ <input type="checkbox"/> Supplemental Payment																		
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.																					
Signature of Attorney _____			Date _____																		
APPROVED FOR PAYMENT — COURT USE ONLY																					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.																	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE																	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																	